Kentucky PHE Unwinding Child Renewal Packet

Introduction

Beginning in May 2023, the Kentucky Department for Medicaid Services (DMS) resumed Medicaid eligibility redeterminations that were on hold during the COVID-19 Public Health Emergency (PHE). Medicaid members subject to annual renewals were required to go through a redetermination for the first time since the PHE began in March 2020.

To support Medicaid members through these renewals, Kentucky implemented multiple flexibilities to ensure that vulnerable populations could continue their Medicaid or Kentucky Health Insurance Program (KCHIP) coverage. These flexibilities were temporary strategies permitted by the Centers for Medicare and Medicaid Services (CMS) to simplify the renewal process, reduce inappropriate terminations and allow the state to manage the increased workload.

One of these CMS-approved flexibilities allowed Kentucky to automatically extend coverage for children at the time of their renewal. Kentucky also permanently implemented 12 months of continuous coverage; a federal requirement not tied to the temporary flexibility. As a result, all children were awarded 12 months of continuous coverage and were not required to go through a redetermination of their eligibility. Some children's eligibility may still have terminated if they turned age 19 and were not eligible for another category, moved out of state, or their parent or guardian requested disenrollment.

The temporary flexibility to automatically extend children ends on June 30, 2025. Starting with July 2025 renewals, children must go through an annual redetermination.

DMS intends to support children and their families through this process. It is important that families, educators, Family Resource and Youth Services Centers (FRYSCs), case workers, case managers, and healthcare providers are aware of the process and understand next steps, available resources, and outreach and enrollment services.

This packet is designed to equip you with information and resources for you to help families understand what steps they should take to keep their children covered.

Please note that going forward renewals for all members, including children, will be conducted every 12 months in line with regular Medicaid operations.



Frequently Asked Questions

Kentucky wants to ensure all children grow up healthy and strong, and a key part of that is ensuring Kentucky's children have access to health care. Medicaid is here to help!

Medicaid and the Kentucky Children's Health Insurance Program (KCHIP) provide free health coverage to eligible Kentucky children.

How do families know if their children are eligible?

Children under the age of 19 in families with income less than 218% of the Federal Poverty Level (FPL) are eligible for Medicaid or KCHIP. A current FPL chart may be found at https://khbe.ky.gov/About/Pages/FactsandResources.aspx.

What if families are not sure if they are eligible?

Families may use the Prescreening Tool on the <u>kynect.ky.gov/benefits</u> page to see if they may be eligible but are encouraged to apply for the state to make that determination!

How do families apply for coverage?

There are several easy ways to apply for Medicaid or KCHIP.

- 1. Apply online: <u>https://kynect.ky.gov/benefits/</u>
- 2. Apply via phone: Call 855.4kynect (855.459.6328) to speak with a caseworker.
- 3. Apply in person. Visit your local DCBS office: <u>https://kynect.ky.gov/benefits/s/find-dcbs-office</u>
- 4. Contact a kynector to help you with your application: https://kynect.ky.gov/benefits/s/auth-reps-assisters
- 4. Fill out the application at home. Print out the Medicaid or KCHIP application and mail, fax, or hand deliver it to your local DCBS office.
 - a. Medicaid or KCHIP (Family application)
 - b. Medicaid or KCHIP (One Person application)

What happens when families apply and enroll?

Once an individual is enrolled in Medicaid or KCHIP, coverage will last 12 months unless there is a change in their circumstances. Every 12 months, Kentucky will review the information again to make sure they are still eligible as part of the annual renewal process.

What if families have a change during their 12-month coverage period?

Changes that may occur during the 12-month period, such as contact information or income, should be reported to the state. Changes may make someone no longer eligible. However,



children have continuous coverage for 12 months. If a change affects a child's eligibility during the 12-month period, the child would be covered until the end of the 12-month period.

Families should visit <u>kynect.ky.gov</u> or call 855-459-6328 to update changes within 30 days.

What do families need to do for renewals?

Renewing Medicaid or KCHIP coverage is easy with a few quick steps:

- 1. Be on the lookout for letters from Medicaid about their renewal and respond to them! Families will get a letter about Medicaid renewal when it is their time. They may also get a phone call or an email that lets them know it is time to renew if they signed up for that in their kynect account. The letter will let them know if the recipient needs to complete a form or send in information to keep coverage. Forms should be returned as soon as possible.
- 2. **Get free local help at any time!** Kentucky has many resources available to help families navigate the Medicaid enrollment and renewal process:
 - a. On the web: <u>https://kynect.ky.gov/benefits/</u>
 - b. By phone: 855-4kynect (855-459-6328)
 - c. In person: Find your local DCBS office at <u>kynect.ky.gov/benefits/s/find-dcbs-office</u>
 - d. Reach out to one of our kynectors or agents for personalized help at kynect.ky.gov/benefits/s/auth-reps-assisters

Does everyone receive a renewal form or request for information?

Kentucky first tries to determine someone eligible by checking various sources of information. If there is enough correct information available, then a person may be automatically renewed and sent a Notice of Renewal. If there is not enough correct information, then a person will receive a renewal form or a request for additional information.

What if families do not respond to a renewal notice?

If someone does not respond to a renewal by their renewal date or by the requested due date, they will be terminated. Families should call 855-459-6328 as soon as they discover they are no longer covered for lack of response. If they are determined eligible within 90 days of termination, their coverage may go back to the date of termination.

What happens if families are no longer eligible for Medicaid KCHIP?

There are other options available if a child is no longer eligible for Medicaid or KCHIP coverage.

- Parents, guardians, or caregivers may be able to get health coverage through their employer that could cover children.
- Families can enroll in a Qualified Health Plan (QHP) through kynect!



Families may be eligible for Advance Premium Tax Credit (APTC) to help with premiums and out of pocket costs.

For any questions, or if they need assistance understanding options, they can always reach out to a kynector or insurance agent at no cost. Find someone to help at kynect.ky.gov/benefits/s/auth-reps-assisters

What materials are there to help families learn more about this?

There are materials included in this packet to print and share, either when working with families or by sharing in your office. These are quick ways to spread the message and help families understand how to keep their child covered!

You can find this packet online at multiple locations. Check it out through the following links!

Kid's Health Page: https://kidshealth.ky.gov/Pages/index.aspx

Medicaid Member Page: https://www.chfs.ky.gov/agencies/dms/member/Pages/default.aspx

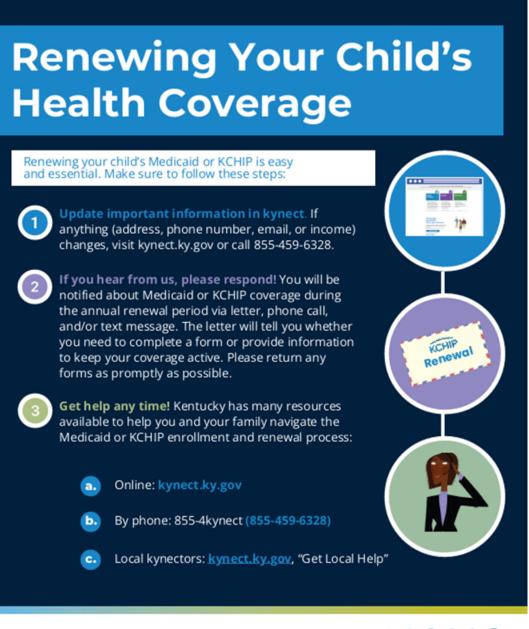
Medicaid PHE Unwinding Page: <u>https://khbe.ky.gov/Enrollment/Pages/PHE-Communication-</u> <u>Materials.aspx</u>



Communication Materials for Families

These resources are designed to outline the steps families need to remember for their renewal, highlight support resources, and help families know about options for coverage if they end up no longer eligible for Medicaid or KCHIP. FRYSCs, school staff, healthcare providers, and advocates can use it when assisting families or provide it directly to them.

Renewing Your Child's Medicaid or KCHIP Coverage









Where to Get Additional Help

DOES YOUR CHILD NEED HEALTH INSURANCE

Kentucky has many resources available to help you or your family navigate the enrollment and renewal process for Medicaid or KCHIP coverage:

- Online: kynect.ky.gov
- By phone: 855-4kynect (855-459-6328)
- Local kynectors or offices: kynect.ky.gov, "Get Local Help"







How to Connect Families if they are no Longer Eligible for Medicaid

No longer eligible for Medicaid or KCHIP?

kynect has options.

There are other options available if a child is no longer eligible for Medicaid or Kentucky Children's Health Insurance Program (KCHIP). Go to **kynect.ky.gov/benefits** to learn about what is available for your family!

For any questions, or if you need assistance with understanding your options, you can reach out to a kynector at any time at no cost. To speak with a kynector, call **855-459-6238**.







Follow us on: 🗊 🗗 🎯 🕒 🌀



Sign up for Medicaid or KCHIP using kynect

DOES YOUR CHILD NEED HEALTH COVERAGE?

Let's kynect!



Explore health coverage options for children, including Medicaid and the Kentucky Children's Health Insurance Program (KCHIP), online.

Scan the QR code, visit kynect.ky.gov/benefits, or call 859-459-6238







